

Case Number:	CM15-0084583		
Date Assigned:	05/06/2015	Date of Injury:	06/20/2014
Decision Date:	07/08/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old female, who sustained an industrial injury on 06/20/2014. She has reported subsequent knee pain and was diagnosed with bilateral knee arthritis with chondromalacia, synovitis and meniscal fraying. Treatment to date has included oral and topical pain medication, corticosteroid injection and physical therapy. In a progress note dated 01/27/2015, the injured worker complained of bilateral knee pain. Objective findings were notable for slight palpable effusion of the knees, diffuse tenderness of the knees with palpation and diffuse tenderness over the medial and lateral compartments with palpation. A request for authorization of left knee arthroscopy, left knee debridement/chondroplasty, electrocardiogram, post-operative physical therapy and cold therapy purchase was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left Knee Arthroscopy with Partial Medical Meniscectomy and Partial Lateral Meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic surgery for osteoarthritis.

Decision rationale: The California MTUS guidelines indicate arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain such as locking, popping, giving way or recurrent effusions, clear signs of a bucket handle tear on examination and consistent MRI findings. In this case, there is evidence of osteoarthritis and the MRI was reported to show fraying of the medial and lateral meniscus. Mechanical symptoms have not been documented. The guidelines indicate that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. ODG guidelines do not recommend arthroscopy in the presence of osteoarthritis except in rare cases with severe mechanical symptoms. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. Furthermore, the unofficial MRI scan showed fraying of the medial and lateral menisci but no definite tear was documented. As such, the request is not supported by guidelines and therefore, not medical necessary.

Left Knee Debridement/Chondroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty, Arthroscopic surgery for osteoarthritis.

Decision rationale: With regard to the request for chondroplasty, ODG guidelines necessitate imaging clinical findings of a chondral defect on MRI. The available documentation does not indicate a chondral defect. Furthermore, chondroplasty is not recommended for osteoarthritis since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. As such, the request is not supported by guidelines and therefore, not medical necessary.

Associated Surgical Service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic surgery for osteoarthritis, chondroplasty.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy (8-sessions, 2 times a week for 4-weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty, Arthroscopic surgery for osteoarthritis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Cold Therapy (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty, Arthroscopic surgery for osteoarthritis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.